

PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/Office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.						
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) California Overnight <hr/> SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) E-MAIL ADDRESS <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">MAILING ADDRESS 1500 W. National Drive #A</td> <td style="width: 50%;">BUSINESS ADDRESS 1500 W. National Drive #A</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Sacramento, CA 95834</td> <td>CITY, STATE, ZIP CODE Sacramento, CA 95834</td> </tr> </table>			MAILING ADDRESS 1500 W. National Drive #A	BUSINESS ADDRESS 1500 W. National Drive #A	CITY, STATE, ZIP CODE Sacramento, CA 95834	CITY, STATE, ZIP CODE Sacramento, CA 95834
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3	ENTER FEDERAL EMPLOYER IDENTIFICATION (FEIN): 60-5830335 <input type="checkbox"/> PARTNERSHIP CORPORATION: 98-0066674 <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) xx <input checked="" type="checkbox"/> ALL OTHERS		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.				
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small>						
4	PAYEE RESIDENCY STATUS <input checked="" type="checkbox"/> Resident California resident – Qualified to do business in California or maintains a permanent place of business in California <input type="checkbox"/> Nonresident California nonresident (see reverse side) – Payments to nonresidents for services may be subject to State income tax withholding <div style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>						
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below. <table style="width: 100%;"> <tr> <td style="width: 65%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Christine Hord</td> <td style="width: 35%;">TITLE Regional Sales Manager</td> </tr> <tr> <td>SIGNATURE </td> <td> DATE 10/6/006 TELEPHONE (559) 269-1925 </td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Christine Hord	TITLE Regional Sales Manager	SIGNATURE	DATE 10/6/006 TELEPHONE (559) 269-1925
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6	Please return completed form to: Department/Office: Department of General Services, Procurement Division Unit/Section: Multiple Award Program-WSCA Mailing Address: 707 3 rd Street, 2 nd Floor City/State/Zip: West Sacramento, CA 95605 Telephone: (916) 375-4541 Fax: (916) 375-4663 E-mail Address: dion.campos@dgs.ca.gov						